## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004   |  |   |              |                               |                      |                  |     |                     | 101 554300             |     |                            |                        |
|--|--|---|--------------|-------------------------------|----------------------|------------------|-----|---------------------|------------------------|-----|----------------------------|------------------------|
| CLAIMS AS FILED - P  |  |   |              |                               |                      |                  |     | SMALL ENTITY TYPE   |                        | OR  | OTHER THAN OR SMALL ENTITY |                        |
| U.S  | NATIONAL S                                 | STAGE FEES                                |              |                               |                      |                  | 1   | RATE                | FEE                    | ] . | RATE                       | FEE                    |
| BASIC FEE  |  |   |              |                               |                      |                  | 1   | BASIC FEE           |                        | OR  | BASIC FEE                  | 300                    |
| EXAMINATION FEE  |  |   |              |                               |                      |                  |     | EXAM. FEE           |                        |     | EXAM. FEE                  | 200                    |
| SEARCH FEE   |  |   | -            |                               |                      |                  | 1   | SEARCH FEE          |                        |     | SEARCH FEE                 | 400                    |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minu         | ıs 100 =                      |                      | / 50 =           | 1   | X \$ 125 =          |                        |     | X \$ 250 =                 | 1                      |
| TOTAL CHARGEABLE CLAIMS  |  |   | ) \ min      | nus 20 =                      | * j                  |                  |     | X \$ 25 =           |                        | OR  | X \$ 50 =                  |                        |
| INDEPENDENT CLAIMS   |  |   | Om           | inus 3 =                      | *                    | 1                | 1   | X \$ 100 =          |                        | OR  | X \$ 200 =                 |                        |
| MUL  | TIPLE DEPENI                               | DENT CLAIM PRI                            | ESENT        |                               |                      |                  | 1 1 | + \$ 180 =          |                        | OR  | + \$ 360 =                 | /_ \                   |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |              |                               |                      | lumn 2           |     | TOTAL               |                        | OR  | TOTAL                      | 900                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  |  |   |              |                               |                      |                  |     | SMALL E             | NTITY                  | OR  | OTHER '                    |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | IBER<br>OUSLY        | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total                                      | *   | Minus        | **                            |                      | =                | ] [ | X \$ 25 =           |                        | OR  | X \$ 50 =                  |                        |
|  | Independent                                | *   | Minus        | ***                           |                      | =                | ] [ | X \$ 100 =          |                        | OR  | X \$ 200 =                 | ·                      |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT ( |   |              |                               | CLAIM                |                  | 1 [ | + \$ 180 =          |                        | OR  | + \$ 360 =                 |                        |
|  |  |   |              |                               |                      |                  |     | TOTAL ADDIT.<br>FFF |                        | OR  | TOTAL ADDIT.<br>FFF        |                        |
|  |  | (Column 1)                                |              | (Colui                        | mn 2)                | (Column 3)       |     |                     |                        |     |                            |                        |
| IDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>OUSLY | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total                                      | *   | Minus        | **                            |                      | =                | ] [ | X \$ 25 =           |                        | OR  | X \$ 50 =                  |                        |
| AMENDA   | Independent                                | *   | Minus        | ***                           |                      | =                | 1 [ | X \$ 100 =          |                        | OR  | X \$ 200 =                 |                        |
|  | FIRST PRES                                 | ENTATION OF M                             | ULTIPLE DEPE | ENDENT                        | CLAIM                |                  | 1   | + \$ 180 =          |                        | OR  | + \$ 360 =                 |                        |
|  |  |   |              |                               |                      |                  |     | TOTAL ADDIT.<br>FFF |                        | OR  | TOTAL ADDIT.<br>FFF        |                        |
| <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".</li> <li>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</li> </ul> |  |   |              |                               |                      |                  |     |                     |                        |     |                            |                        |